

COMPLAINT FOR PROTECTION FROM ABUSE
(G.L. c.209A) Page 1 of 2

COURT USE ONLY - DOCKET NO.

TRIAL COURT OF MASSACHUSETTS



A	<input type="checkbox"/> BOSTON MUNICIPAL COURT <input type="checkbox"/> DISTRICT COURT <input type="checkbox"/> PROBATE & FAMILY COURT <input type="checkbox"/> SUPERIOR COURT	DIVISION _____
B	Name of Plaintiff (person seeking protection) _____	
C	Plaintiff's Address. DO NOT complete if the Plaintiff is asking the Court to keep it confidential. <i>See K. 4. below.</i> _____ _____ _____ Daytime Phone No. () _____ If the Plaintiff left a former residence to avoid abuse, write that address here: _____	Name of Defendant (person accused of abuse) _____ Def. Date of Birth _____ Defendant's Alias, if any _____ Defendant's Address _____ Day Phone () _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Social Security # _____ Place of Birth _____ Defendant's Mother's Maiden Name (first & last) _____ Defendant's Father's Name (first & last) _____
	G	
	H	
	I	
	J	
D	I <input type="checkbox"/> am over the age of eighteen. I <input type="checkbox"/> am under the age of eighteen, and _____, my _____ (relationship to Plaintiff) has filed this complaint for me. The Defendant <input type="checkbox"/> is <input type="checkbox"/> is not under the age of eighteen.	
E	To my knowledge, the Defendant possesses the following guns, ammunition, firearms identification card, and/or license to carry: _____	
F	Are there any prior or pending court actions in any state or country involving the Plaintiff and the Defendant for divorce, annulment, separate support, legal separation or abuse prevention? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, give Court, type of case, date, and (if available) docket no. _____	
K	On or about (dates) _____ I suffered abuse when the Defendant: <input type="checkbox"/> attempted to cause me physical harm <input type="checkbox"/> placed me in fear of imminent serious physical harm <input type="checkbox"/> caused me physical harm <input type="checkbox"/> caused me to engage in sexual relations by force, threat of force or duress	
	THEREFORE, I ASK THE COURT TO ORDER: <input type="checkbox"/> 1. the Defendant to stop abusing me by harming, threatening or attempting to harm me physically, or placing me in fear of imminent serious physical harm, or by using force, threat or duress to make me engage in sexual relations unwillingly. <input type="checkbox"/> 2. the Defendant not to contact me, unless authorized to do so by the Court. <input type="checkbox"/> 3. the Defendant to leave and remain away from my residence which is located at: _____ <i>If this is an apartment building or other multiple family dwelling, check here <input type="checkbox"/></i> <input type="checkbox"/> 4. that my address be impounded to prevent its disclosure to the Defendant, the Defendant's attorney, or the public. <i>Attach Request for Address Impoundment form to this Complaint.</i> <input type="checkbox"/> 5. the Defendant to leave and remain away from my workplace which is located at: _____ <input type="checkbox"/> 6. the Defendant to pay me \$ _____ in compensation for the following losses suffered as a direct result of the abuse: _____ You may not obtain an Order from the Boston Municipal Court or a District or Superior Court covering the following item 7 if there is a prior or pending Order for support from the Probate and Family Court. <input type="checkbox"/> 7. the Defendant, who has a legal obligation to do so, to pay temporary support for me. <input type="checkbox"/> 8. the relief requested on page two of this Complaint pertaining to my minor child or children. <input type="checkbox"/> 9. the following: _____ <input type="checkbox"/> 10. the relief I have requested, except for temporary support for me and/or my child(ren) and for compensation for losses suffered, without advance notice to the Defendant because there is a substantial likelihood of immediate danger of abuse. I understand that if the Court issues such a temporary Order, the Court will schedule a hearing within 10 court business days to determine whether such a temporary Order should be continued, and I must appear in Court on that day if I wish the Order to be continued.	

DATE

PLAINTIFF'S SIGNATURE

X

Please complete affidavit on reverse of this page

This is a request for a civil order to protect the Plaintiff from future abuse. The actions of the Defendant may also constitute a crime subject to criminal penalties. For information about filing a criminal complaint, you can talk with the District Attorney's Office for the location where the alleged abuse occurred.